Disclosure Form - Page 1
Complete Questions 1 – 3 listed below.
Complete pages 2 and 3 only if you answered Yes to questions 2 and 3 listed on Page 1.

In compliance with American Speech-Language Hearing Association’s Continuing Education Board’s Requirements, This Speech-Language-Hearing Association requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Based on the information provided, the state association will engage the program planner/instructional personnel in a guided interview process which seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

Name: ____________________________________________
Circle Applicable Items:   Presenter?:   Yes     No                     The Program Planner?:     Yes       No
Course Title: ____________________________________________

Question 1: Are you in compliance with HIPAA Requirements?
To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient’s/client’s knowledge and written authorization.

Yes, I am in compliance with these policies:______________(INITIAL HERE)

Question 2: Do you have any relevant financial relationships to disclose?
Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Other items considered relevant financial relationships: If you will be referencing where you work, discussing actual cases studies from your placement of employment, or referencing a product/book in which you receive royalties. Please see page 2 for a complete listing.

Do you have relevant financial relationships to disclose?         ☐No         ☐Yes, if yes complete page 2

Question 3: Do you have any relevant non-financial relationships to disclose?
*Relevant non-financial relationships* are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. Relevant non-financial relationships may also include personal interest, cultural bias, having a child or family member affected by the topic you are presenting. Please see page 3 for a complete list of items to consider.

Do you have relevant non-financial relationships to disclose? ☐No         ☐Yes, if yes complete page 3

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify the Speech-Language-Hearing Association of any changes to this information between now and the presentation/event. If you are a presenter, please prepare the first slide of your presentation as your disclosure slide. If receiving payments for an honorarium, travel support, etc. please do not list the payment amount. Reference only what you are receiving (honorarium, travel support, etc). Should you have no relevant or non-relevant financial relationships to disclose, you are still required to prepare a slide and indicate such.

Signature ____________________________________________ Date
Financial Relationship Disclosure Form (Page 2)
If any of the items listed below are selected as applicable, you must answer “Yes” to Question 2 on Page 1.

Copy this page as many times as you need to complete information regarding each of your relevant financial relationships. Program Planners/Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: __________________________________________________________
Financial relationship with (name of Company/Organization): _________________________
Date form completed: ____________________________________________________________

**My Presentation will include:**
- [ ] Yes, I will be referencing where I work in my Presentation
- [ ] Yes, I will be referencing actual case studies from my place of employment
- [ ] Yes, I will be discussing a specific product and/or drug my place of employment sells
  - Product/Drug Name: _________________________________________________________
  - Will mention other similar products in your presentation?  [ ] Yes  [ ] No

**What was received? (Check all that apply)**

- [ ] Salary
- [ ] Consulting fee
- [ ] Intellectual property rights
- [ ] Speaking fee
- [ ] Royalty
- [ ] Honoraria
- [ ] Hold patent on equipment
- [ ] Other financial benefit (please describe): _______________________________________

- [ ] In kind
- [ ] Grants
- [ ] Gift
- [ ] Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)

**For what role? (Check all that apply)**

- [ ] Employment
- [ ] Management position
- [ ] Teaching and speaking
- [ ] Board membership
- [ ] Ownership
- [ ] Consulting
- [ ] Membership on advisory committee or review panels
- [ ] Independent contractor (including contracted research)
- [ ] Other activities (please describe): ____________________________________________
Non-Financial Relationship Disclosure Form (Page 3)
If any of the items listed below are applicable, you must answer “Yes” to Question 3 on Page 1.

Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships. Program Planners/instructional personnel have a relevant non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name:________________________________________________________

Non-financial relationship with (name of Company/Organization/Institution):
________________________________________________________

Date form completed:________________________________________________________

What is the nature of the non-financial relationship? (complete all that apply)

☐ I have a family member or child that is affected by the topic of my presentation

☐ Personal, please describe:____________________________________________________

☐ Professional, please describe:________________________________________________

☐ Political, please describe:____________________________________________________

☐ Institutional, please describe:________________________________________________

☐ Religious, please describe:__________________________________________________

☐ Personal interest, please describe:___________________________________________

☐ Bias, please describe:_______________________________________________________

☐ Other relationship, please describe:__________________________________________

For what role?

☐ Volunteer employment

☐ Volunteer teaching and speaking

☐ Board membership

☐ Volunteer consulting

☐ Volunteer membership on advisory committee or review panels

☐ Other volunteer activities (please describe):____________________________________